

Name
in
Full

Mary Ella Allen.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Morgan* ^{Town} *Carroll* ^{County}

Date of death *1908* ^{Year} *July* ^{Month} *1st* ^{Day} Age *24* ^{Years} Months *6* Days *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John B Allen*

Father's Name *James H Oak* Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth Hobbs* Mother's Birthplace *Maryland*

Name of person giving information *John B. Allen* How related to deceased *Husband*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

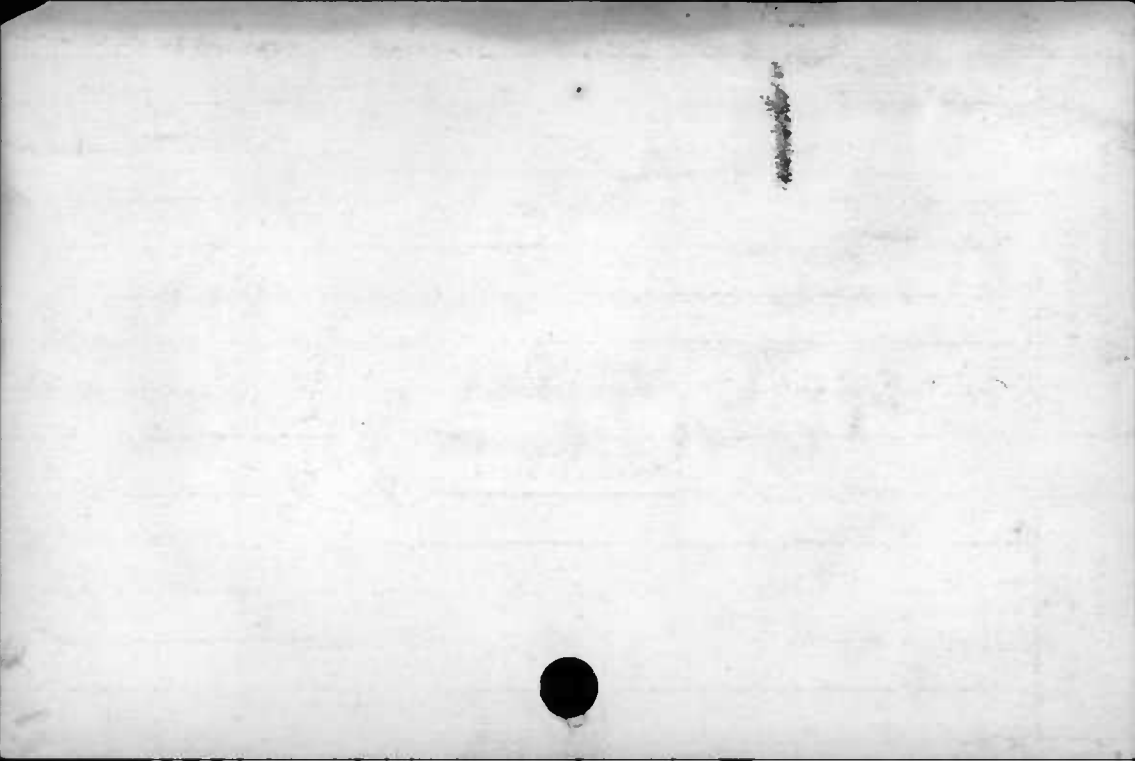
Primary *Paralysis* How long *9 days*
Immediate *or* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E D Crout*

Address *Winfield
Carroll Co.*

Accident or Suicide? *No*



Name
in
Full

Thomas J. Anders

376
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *July* ^{Day} *20* Age *63* ^{Years} ~~*68*~~ ^{Months} ~~*8*~~ ^{Days} *28*

Sex *male* Color or Race *white* Birth-place *Maryland*

Occupation *Book maker* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs Susan Anders*

Father's Name *Moses Anders* Father's Birthplace *Maryland*

Mother's Maiden Name *Eliza E. Harland* Mother's Birthplace *Maryland*

Name of person giving information *Roger Anders* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis, Mitral Regurgitation* How long *10 years -*

Immediate *Heart Failure* How long *1 day -*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Arthur Darr*

Address *Westminster*

Accident or Suicide? *—* *Ind.*

St Benjamin's cemetery

Stones

Name
in
Full

372

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

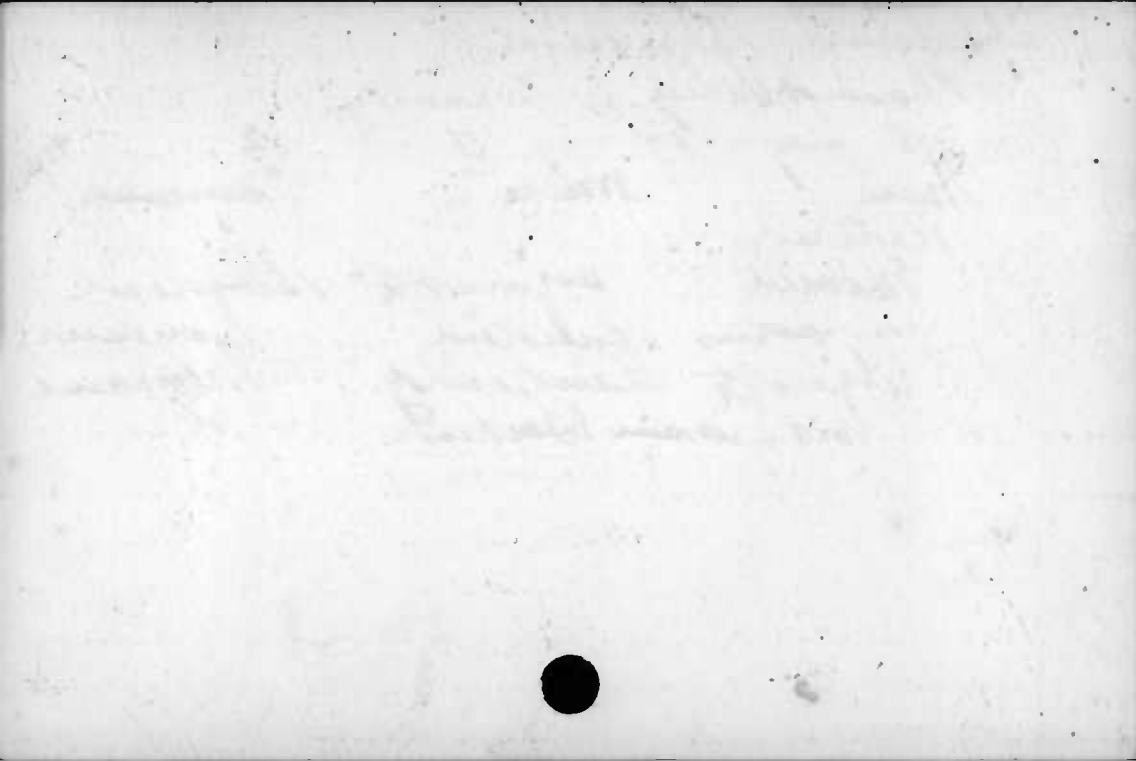
Name <i>Mary G. Awalt</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death		Age		Months <i>2</i>	
Month <i>July</i>		Day <i>21</i>		Years <i>80</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Christian Awalt</i>					
Father's Name <i>Leonard Sitzer</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Leont Knorr</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Rosa Awalt</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	How long	<i>—</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>T. J. Coonan M.D.</i>
		Address	<i>Westminster Md.</i>
Accident or Suicide?	<i>—</i>		



Name in Full		Ephraim Bankerd				370 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Pleasant Valley		County		Carroll
			Town				MARYLAND
	Date of death	1908	Month	July	Day	19	Age
					Years		91
					Months		2
					Days		17
	Sex	Male		Color or Race	White		Birth-place
							Maryland
Occupation	Retired				Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		Elizabeth Bankerd		
Father's Name	Josephus Bankerd				Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Bankerd				Mother's Birthplace	Maryland	
Name of person giving information	Mrs Ephraim Bankerd				How related to deceased	Wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">179</div>							
PHYSICIAN OR CORONER	Primary						How long
	Immediate		Heart Failure.				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Carleton Bates M.D.		
					Address		
				Pleasant Valley Md.			
Accident or Suicide?							

Pleasant Valley Cemetery

Stones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

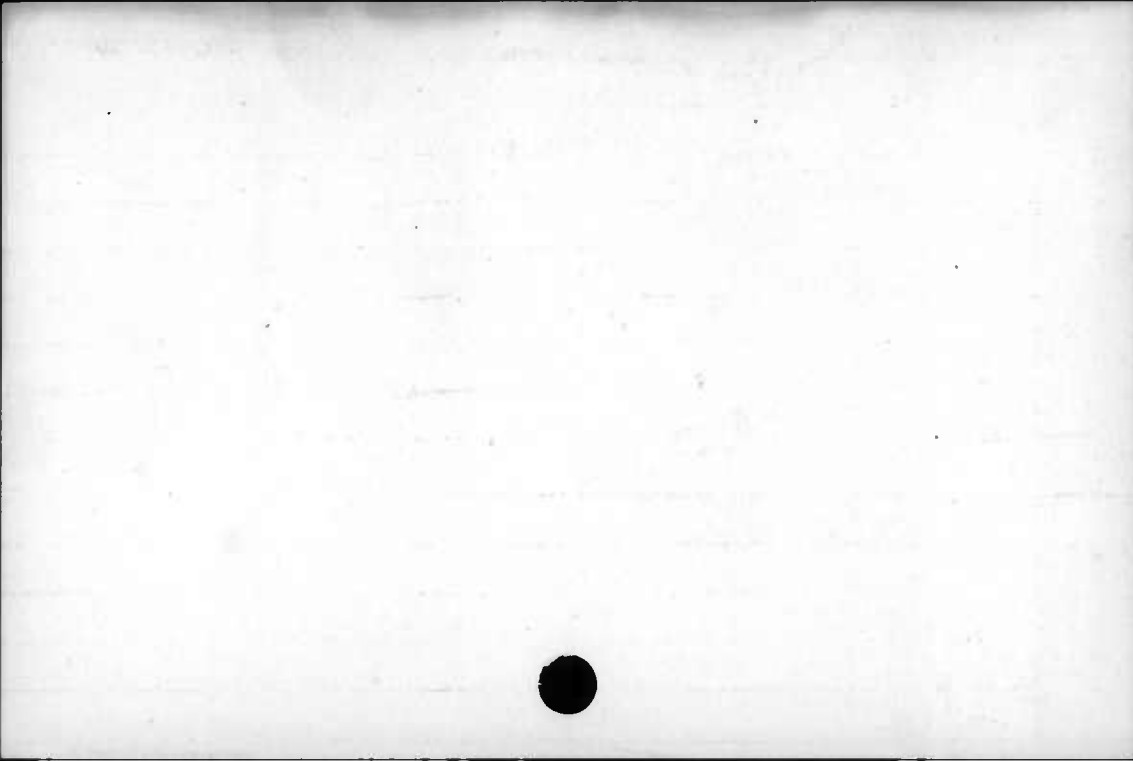
Died at <i>Berrett</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>21</i>	Age <i>87</i>	Months <i>5</i> Days <i>16</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll co</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Elias Barnes</i>				
Father's Name <i>Jacob Hettabridle</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Rebecca Shipley</i>	Mother's Birthplace <i>Peters</i>				
Name of person giving information <i>M. R. Farver</i>	How related to deceased <i>Grandson</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>Heart failure</i>	How long <i>oneday</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address
Accident or Suicide?	<i>Dr. J. F. Shipley</i>



Name
in
Full

Nathan Bauman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hosp.</i>		Town <i>Carroll</i>		County	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>4</i>	Age <i>38</i>	Years
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Russia</i>		Months	
Occupation <i>Clothes presser</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Abraham Bauman</i>	Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Lizzie</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Hospital records</i>	How related to deceased				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Dementia praecox</i>	How long	<i>8 months</i>
Immediate	<i>Tubercular pneumonia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. J. Carey</i>	
Accident or Suicide? <i>No</i>		Address <i>Syracuse Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nathan Bauman

Town

County

MARYLAND

Died at Springfield, Dykesville Carroll

Date

of death 1908

Month

Day

Years

Months

Days

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

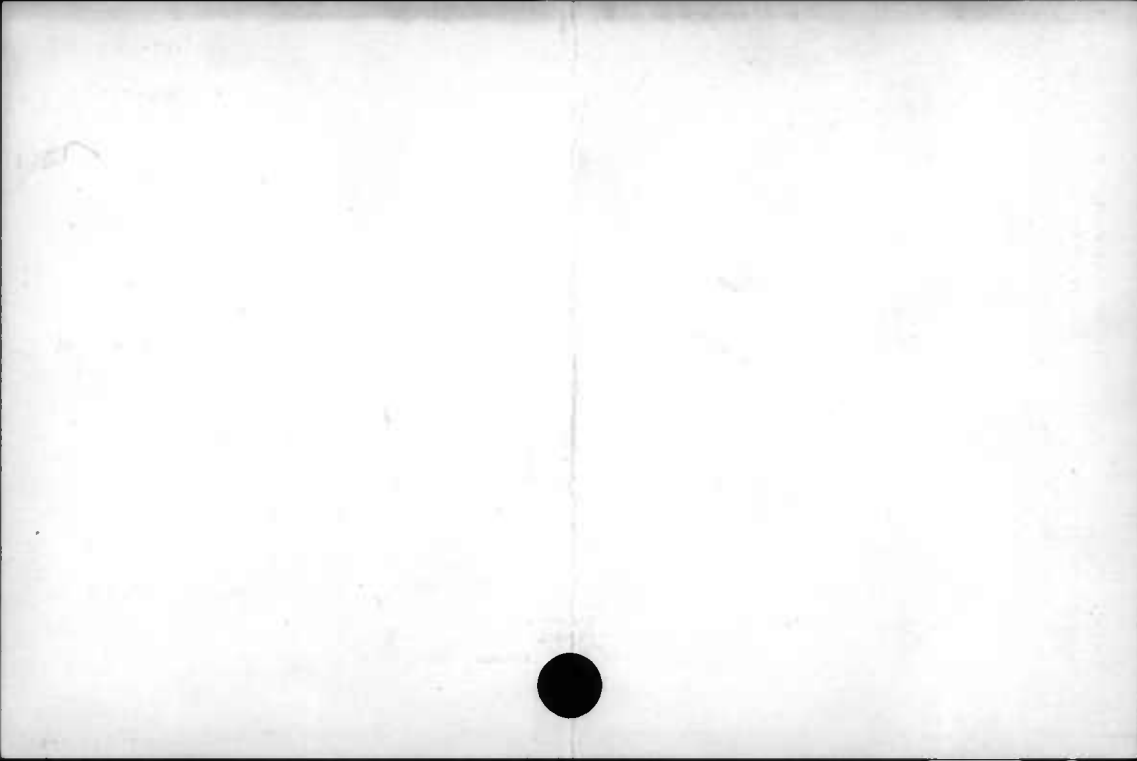
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

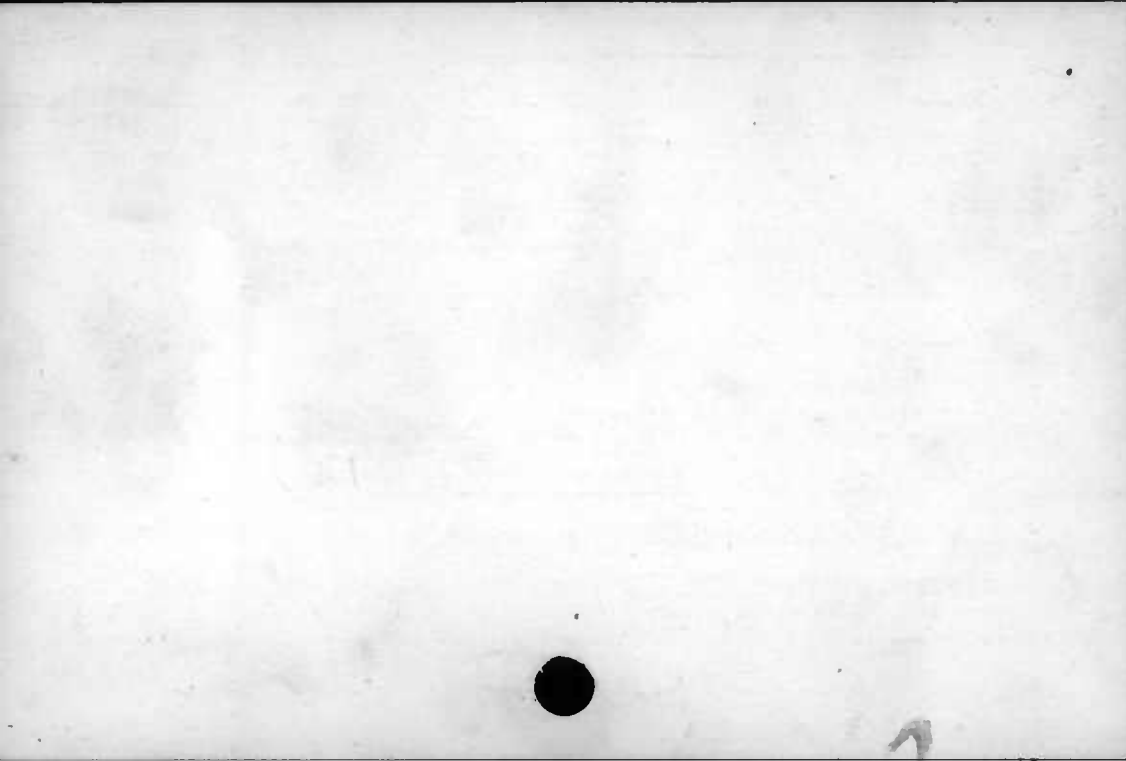
Died at <i>John Cain</i> <i>Mt Airy.</i>		County <i>St. Carroll.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>19</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Baltimore.</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Cain.</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>John. Beck</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>brother</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>5 days</i>
Immediate <i>Marasmus</i>	How long <i>About 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Walter B. Platt</i>
	Address <i>Mt. Airy - a Balto.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joel Baylor* Town *Uniontown* County *Carroll* MARYLAND

Died at *Uniontown*

Date of death *1908* Month *July* Day *20* Age *76* Years Months *1* Days *21*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death *Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan Baylor*

Father's Name *Abram Baylor* Father's Birthplace *Maryland*

Mother's Maiden Name *Susan Philinger* Mother's Birthplace *Ind.*

Name of person giving information *Ezra B. Baylor* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular Heart trouble* How long *2 years*

Immediate *General Anasarca* How long *6 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Leuter Kemp* Address *Uniontown Ind.*

Accident or Suicide? ☒

Hill land.

Mountains and

Name
in
Full

Morris Jacob Cohen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

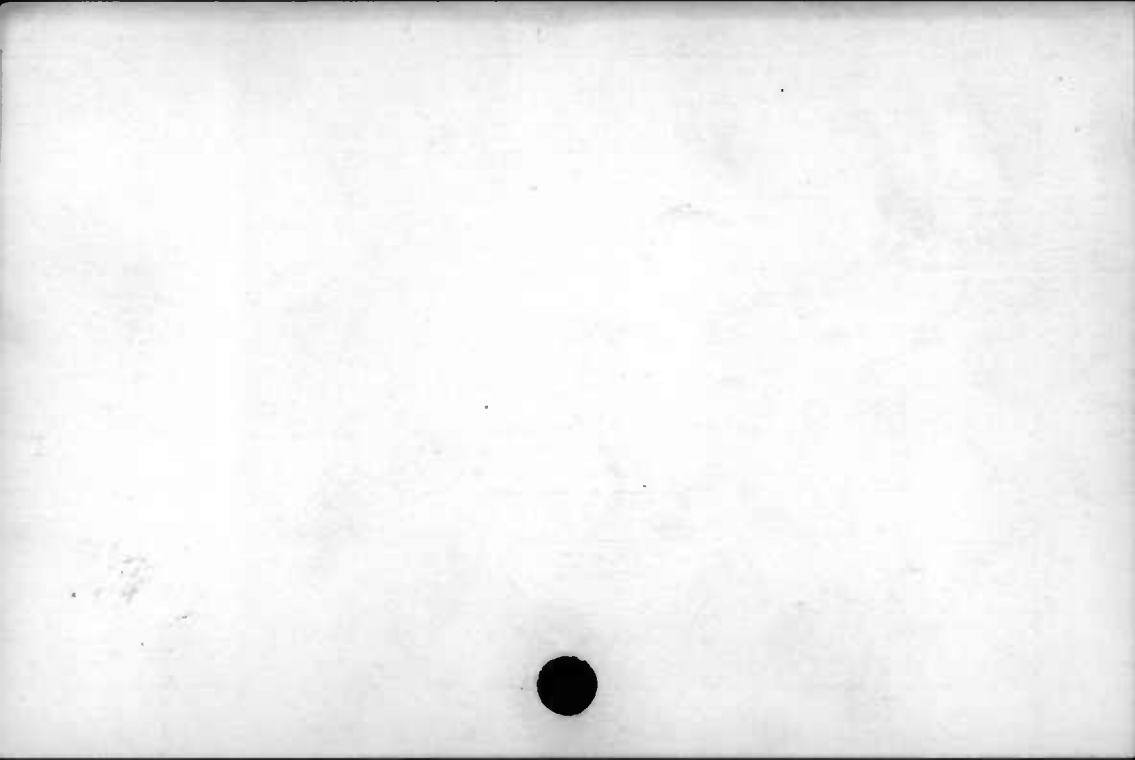
Died at <i>Int Airy</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>29</i>	Age <i>32</i>	Months <i>5-</i>	Days
Sex <i>Male</i>	Color or Race <i>Hebrew</i>		Birth-place <i>Russia</i>		
Occupation <i>Merchant</i>			Where Residing if not at place of death <i>—</i>		
Married <i>—</i>	Name of Wife or Husband <i>Fannie Cohen</i>				
Father's Name <i>Hirsh Cohen</i>	Father's Birthplace <i>Russia</i>		Mother's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Mary Levin</i>	How related to deceased <i>Brother</i>				
Name of person giving information <i>Max Cohen</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Aspiration</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Brownell</i>
	Address <i>Int Airy Md</i>
Accident or Suicide?	



Name
in
Full

Eunice Frances Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

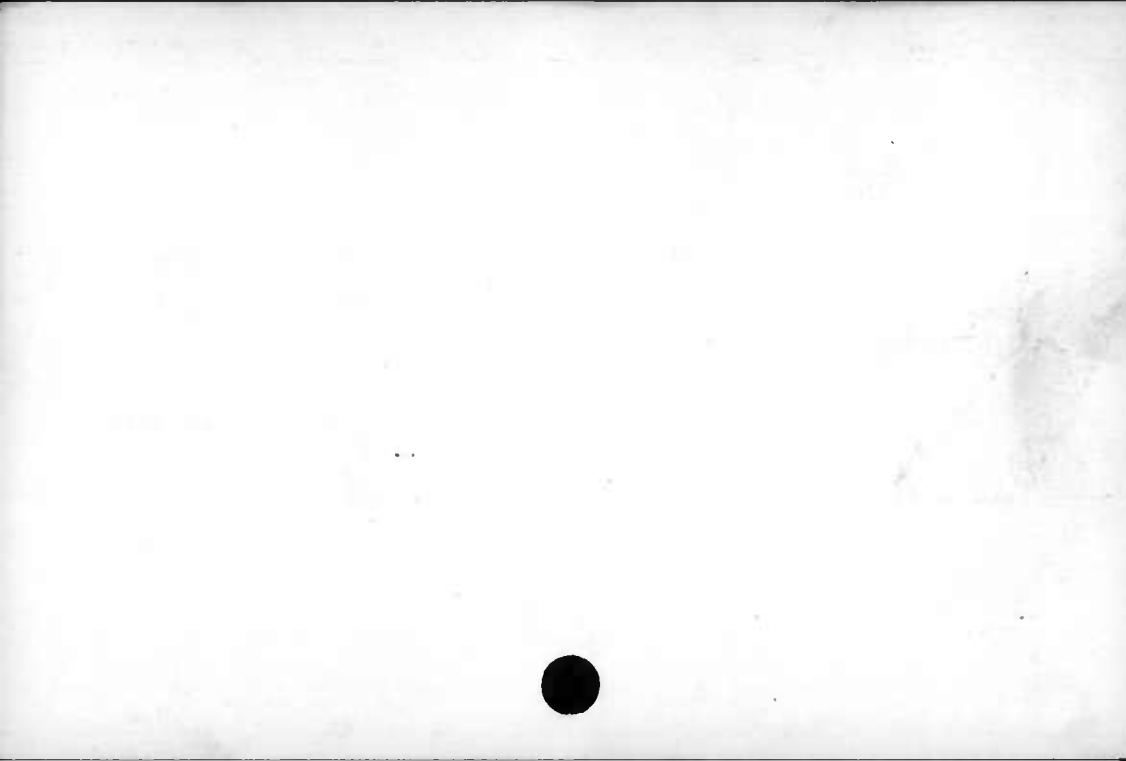
Died at <i>Near Herryton</i>		Town <i>Herryton</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>Oct</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>2</i>		Days <i>11</i>	
Occupation <i>—</i>		Birth-place <i>Herryton - C. Co</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John T. Day</i>		Father's Birthplace <i>Howard Co. Md.</i>					
Mother's Maiden Name <i>Lilly Thomas</i>		Mother's Birthplace <i>Howard Co. Md.</i>					
Name of person giving Information <i>John T. Day</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Exhaustion & enteritis</i>		How long <i>Since Birth</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>Daniel B. Brecher</i>	
Accident or Suicide <i>—</i>		Address <i>Sykesville Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Sykesville</i>		Town <i>Cannell</i>		County	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>2nd</i>	Years <i>Unknown</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Springfield State Hosp.</i>		
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Hospital record</i>			How related to deceased <i>-</i>		

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary <i>General Paralysis</i>	How long <i>4 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>gradual.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Tebelart</i>
	Address <i>Sykesville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *(Klorrey) Clyde S* Town *Bykesville* County *Carroll*

Died at *Bykesville*

Date of death 1908 Month *July* Day *7* Age Years Months *10* Days

Sex *Male Boy* Color or Race *African* Birth-place *Carroll Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *John Dorsey* Father's Birthplace *Howard Co*

Mother's Maiden Name *Smartz Prettyman* Mother's Birthplace *Howard Co*

Name of person giving information *John Dorsey* How related to deceased *father*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

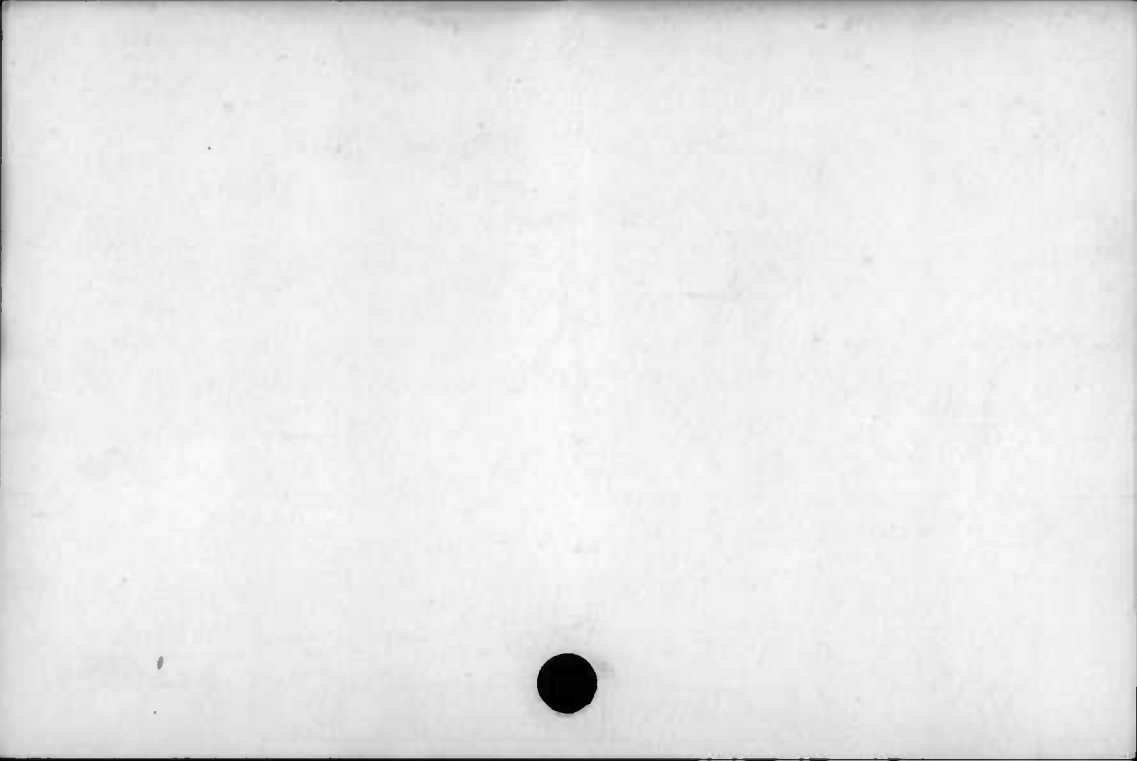
Primary *Pneumonia* How long *About 1 wk*

Immediate *Memoritis Spinal* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. H. Steffen* Address *Bykesville, Md*

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY:
NEAREST FRIEND

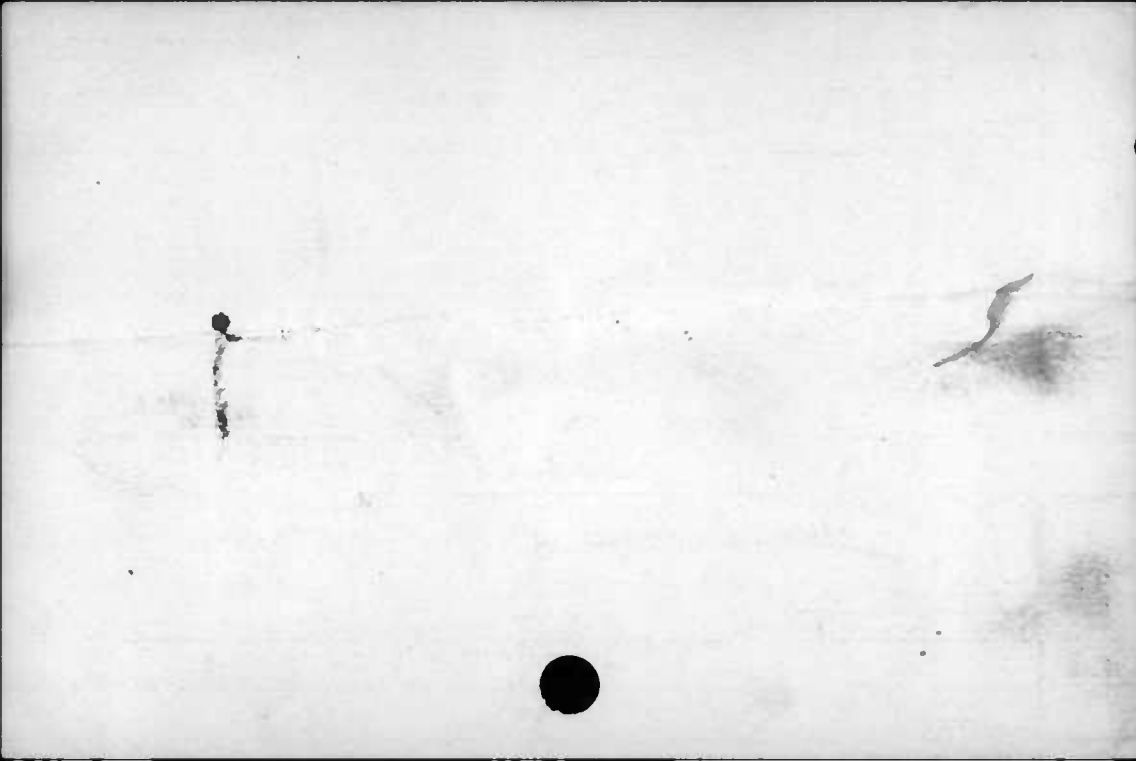
Died at <i>Summuth Point</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>29</i>	Age <i>x</i>	Months <i>10</i>	Days <i>24</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Summuth Point</i>	
Occupation <i>As an infant</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>x x x</i>			
Father's Name <i>Chas E Duwall</i>			Father's Birthplace <i>Florence, W. Va.</i>		
Mother's Maiden Name <i>Maggie M. Reppe</i>			Mother's Birthplace <i>Clear Spring</i>		
Name of person giving information <i>Chas E Duwall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Chorea infantum</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Under-taker L. G. Bowman</i>
	Address <i>Clear Spring</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Margaret Erhard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

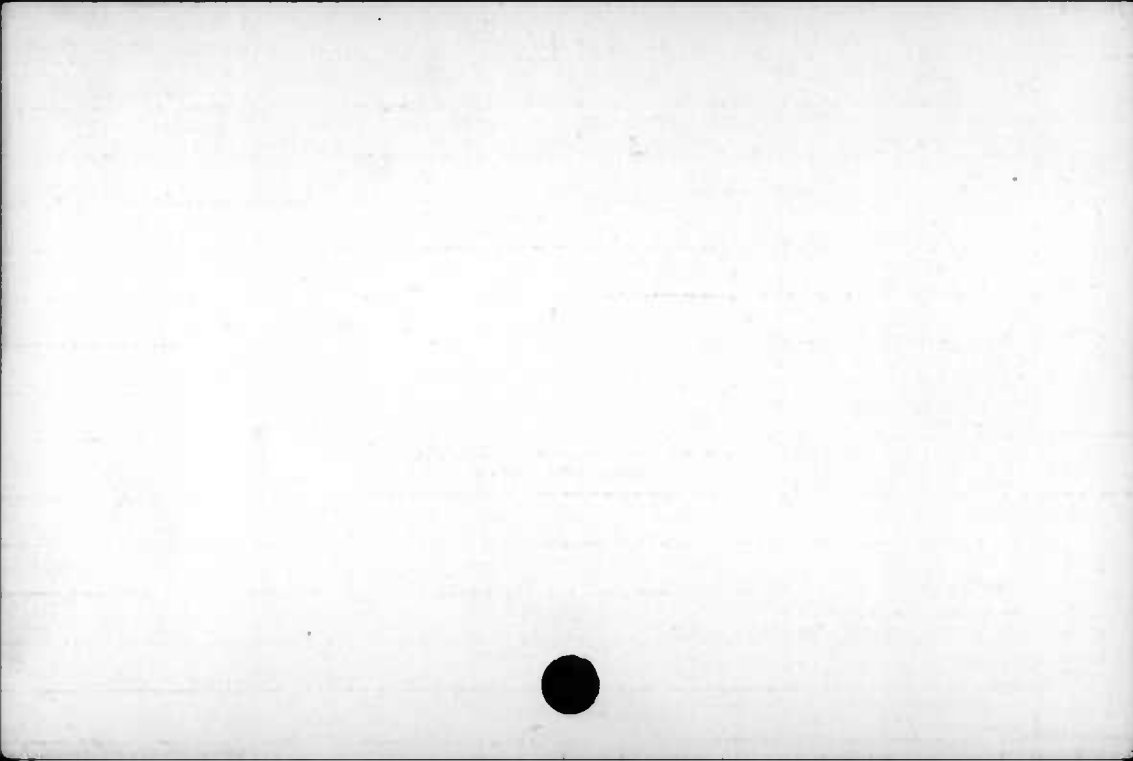
Died at ^{Town} New Windsor ^{County} Carroll		MARYLAND	
Date of death 1908	Month July	Day 29	Age 75
Sex Female	Color or Race White	Birth-place Maryland	
Occupation Retired	Where Residing if not at place of death New Windsor		
Married, Single or Widowed Maiden	Name of Wife or Husband		
Father's Name George Erhard	Father's Birthplace Penn		
Mother's Maiden Name Julia Forderelager	Mother's Birthplace Maryland		
Name of person giving information H. W. Baile	How related to deceased No		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Probably paralysis & dementia	How long 5 years
Immediate	Exhaustion -	How long one minute
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. H. Baile M.D.
		Address New Windsor
Accident or Suicide?		



Name
in
Full

Luther Edward Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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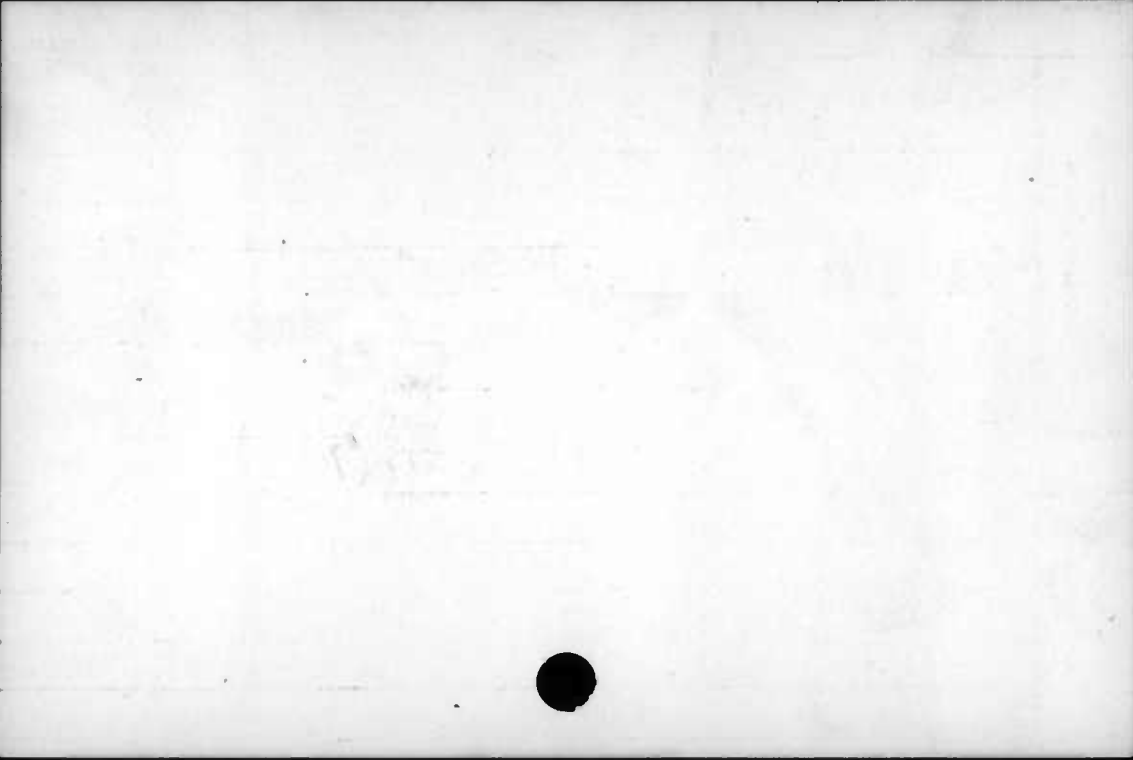
Died at		Town Bachmans Mills		County Carroll		MARYLAND	
Date of death	1908	Month July	Day 3	Age Years	Months 7	Days 2	
Sex	Male		Color or Race	White		Birth- place	Bachmans Mills, Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Ezra Frank			
Mother's Maiden Name				Mary Eisenhower			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	1 day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Sherman M.D.	
Address		Manchester	
Accident or Suicide?		No	



Name in Full		Elizabath Fuhrman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Years	
	1908		7		0		83	
	Sex		Color or Race		Birth-place		Months	
	Female		German		Manchester		7	
	Occupation		Where Residing if not at place of death		Days		0	
	Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Widow		Edward Fuhrman		Jacob Warner		Maryland		
Mother's Maiden Name		How related to deceased		Daughter Maggie		Daughter		
Name of person giving information		CAUSES OF DEATH		64				
PHYSICIAN OR CORONER	Primary		Sproley		How long		3 weeks	
	Immediate		Heart Failure		How long		3 hours	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. W. Stouffer	
	Accident or Suicide?				Address		Manchester	



Name
in
Full

Mary Ann Glass

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

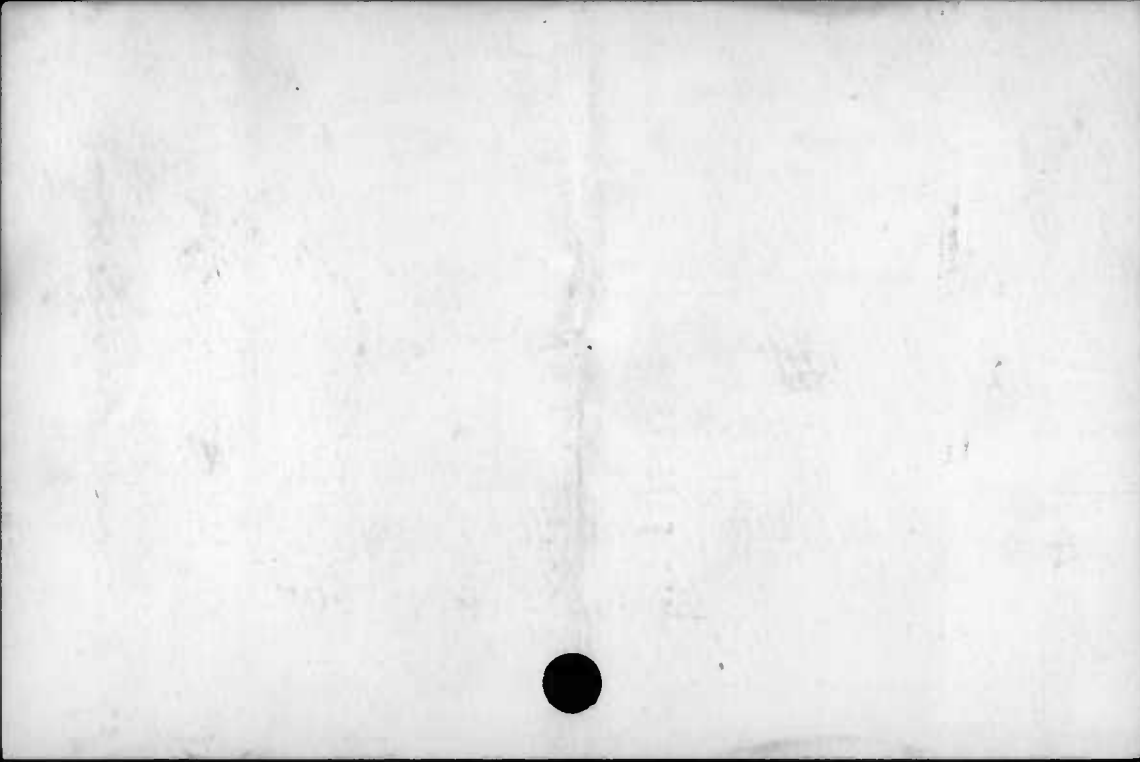
Died at		Town Freedom		County Carroll		MARYLAND					
Date of death		Month July		Day 25		Age 79		Months 11		Days 8	
Sex Female		Color or Race White		Birth-place Fred Co. Md							
Occupation Housewife				Where Residing if not at place of death same							
Married, Single or Widowed Widow		Name of Wife or Husband David Glass									
Father's Name Jacob Schuster				Father's Birthplace Unknown							
Mother's Maiden Name Mary — unknown				Mother's Birthplace Unknown							
Name of person giving information Debbie Hatfield				How related to deceased Daughter							

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old age		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician MD Horris	
		Address Oldenburg Md.	
Accident or Suicide? no			



Name
in
Full

Deborah Green

368
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>3</i>	Years <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Carroll's Md</i>		
Occupation <i>Servant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Dead Unknown</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Carroll Co. Md</i>				
Name of person giving information <i>Joseph Wilcox</i>	How related to deceased <i>friend</i>				

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary <i>1</i> <i>Dropsy</i>	How long <i>5 weeks</i>
Immediate <i>Heart</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Mathias</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Clawth

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waterville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>7</i>	Day <i>18</i>	Age <i>58</i>	Years <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>X X</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fannie Hatfield</i>				
Father's Name <i>Daniel Hatfield</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Rachel Robbelle</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mrs Fannie Hatfield</i>				How related to deceased <i>Wife</i>	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Nervitis</i>	How long
Immediate <i>Cerebral Congestion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Cronk</i>
	Address <i>Mt Airy R. F. D.</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

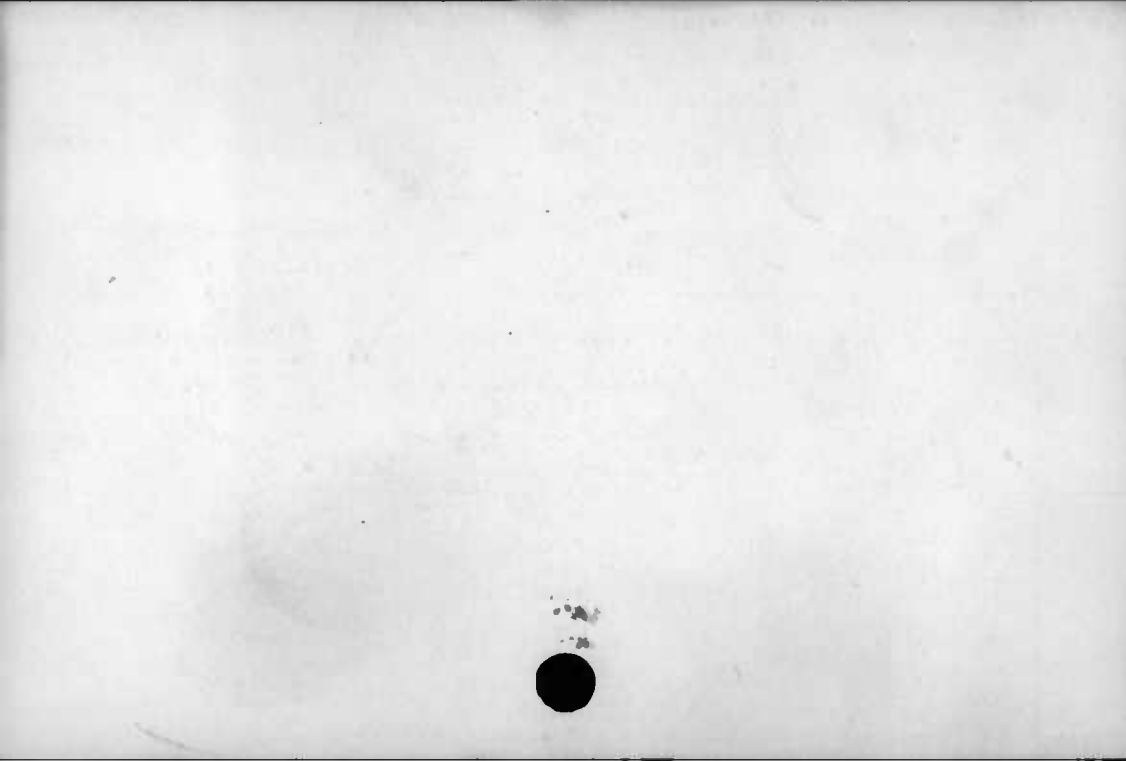
MARYLAND

Died at *Manchester* Town *Carroll* CountyDate of death *1908* Month *July* Day *Wednesday* Age *80* Years Months *1* Days *21*Sex *Female* Color or Race *White* Birth-place *York Co. Pa.*Occupation *Plain sewing* Where Residing if not at place of death *Baltimore, Md.*Married, Single or Widowed *Widow* Name of Wife or Husband *Walter C. Hayes*Father's Name *George Cronce* Father's Birthplace *Unknown*Mother's Maiden Name *Elizabeth Pearson* Mother's Birthplace *Ind.*Name of person giving information *Lizzie A. Coss* How related to deceased *Daughter.*

CAUSES OF DEATH

118

PHYSICIAN
OR CORONERPrimary *Appendicitis* How long *5 days*Immediate *" with Peritonitis* How long *"*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. B. Weaver*Address *Manchester*Accident or Suicide? *No*



Name
in
Full

Samuel Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sylvanville</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>July</i>	Day <i>31</i>	Age <i>about 65</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Black & African</i>	Birth-place <i>md</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single Widowed <i>Married</i>	Name of Wife or Husband <i>Fannie Hackett</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Gas R. Weir</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>About 6 mos</i>
Immediate <i>Dropsy & sequel</i>	How long <i>About 2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. Heffey Jr.</i>
<i>As far as possible</i>	Address <i>Sylvanville - Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Edward F Leder

CERTIFICATE OF DEATH

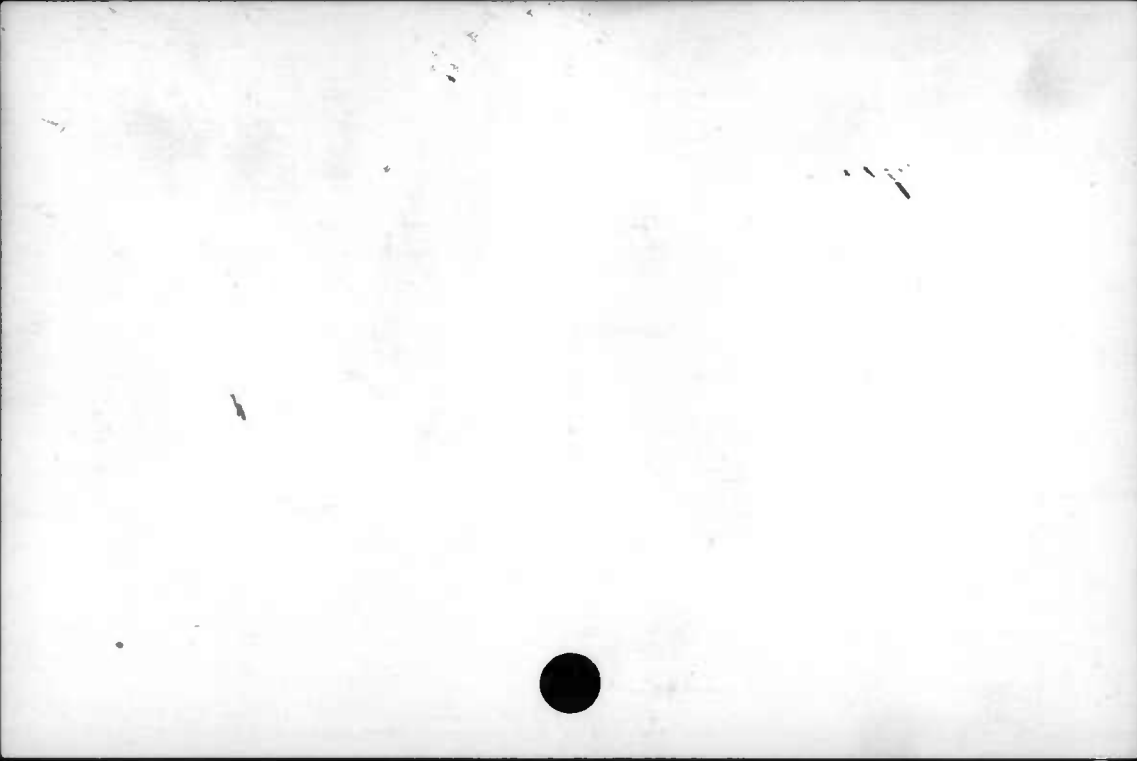
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Laurel</i>		County <i>Laurel</i>		State <i>MARYLAND</i>	
Date of death	190 <i>8</i>	Month <i>July</i>	Day <i>23</i>	Age <i>47</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Germany</i>				
Occupation <i>Reed worker</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emilie Leder</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>						
Name of person giving Information <i>Hospital records</i>	How related to deceased <i>68</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic dementia</i>	How long <i>2 mths</i>
Immediate <i>Exhaustion</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Conry</i>
<i>no</i>	Address <i>Sykesville md</i>
Accident or Suicide <i>no</i>	



Name in Full		Goldie Linton				No 369		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Marfieldburg	County Barroll		MARYLAND				
		Date of death		1908	Month July	Day 9	Age	Years	Months 11	Days 10	
		Sex		Female		Color or Race		white		Birth place	Camell Co Md
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed		single		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name				Leonard Linton				Father's Birthplace	Maryland
		Mother's Maiden Name				Alga Robinson				Mother's Birthplace	Camell Co Md
		Name of person giving In formation				Alga Robinson				How related to deceased	Mother
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Enterocolitis				How long	2 weeks		
		Immediate		meningitis				How long	4 days		
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician	Ed Cronk.
										Address	Winfield Carroll Co.
		Accident or Suicide?									

105

St Johns
Leislerts

Stover

Name
in
Full

Mary A. Little

367

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Westminster* TownCounty *Carroll*Date of death *1908* Month *July* Day *2* Age *78* Years Months *10* Days *23*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *House Wife* Where Residing if not at place of death *—*Married, Single or Widowed *Widow* Name of Wife or Husband *Piers Little*Father's Name *don't know*Father's Birthplace *Don't know*Mother's Maiden Name *" "*Mother's Birthplace *" "*Name of person giving information *Florence Little* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary *Old age*How long *—*Immediate *Heart semi-paralysis*How long *6 months*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Jas. H. Bellhop M.D.*Address *Westminster*Accident or Suicide? *No**Md.*

St John's Cathedral

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Pauline Mackey* Town *Union Mills* County *Garroll*
Died at
Date of death *1908* Month *July* Day *4* Age *11* Years *11* Months *11* Days *11*
Sex *Female* Color or Race *White* Birth-place *Balto. Ind.*
Occupation _____ Where Residing if not at place of death _____

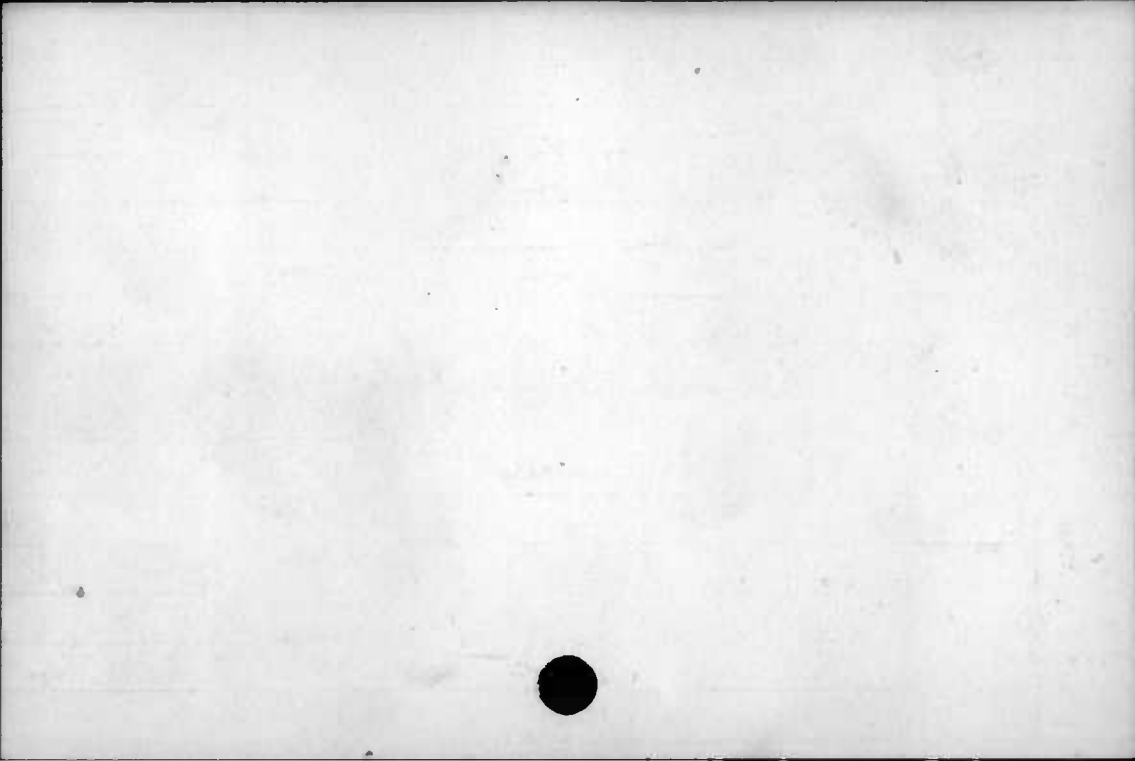
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Leuther E Mackey* Father's Birthplace *Penn.*
Mother's Maiden Name *Katharine V. Barton* Mother's Birthplace *Baltimore*
Name of person giving information *Mrs Mackey* How related to deceased *Mother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis* How long *6 mo.*
Immediate *Tubercular meningitis* How long *5 days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *E. Lewis Webster, M.D.*
Address *Union Mills Ind.*
Accident or Suicide? ☒



Name
in
Full

Catherine Mathews

CERTIFICATE OF DEATH

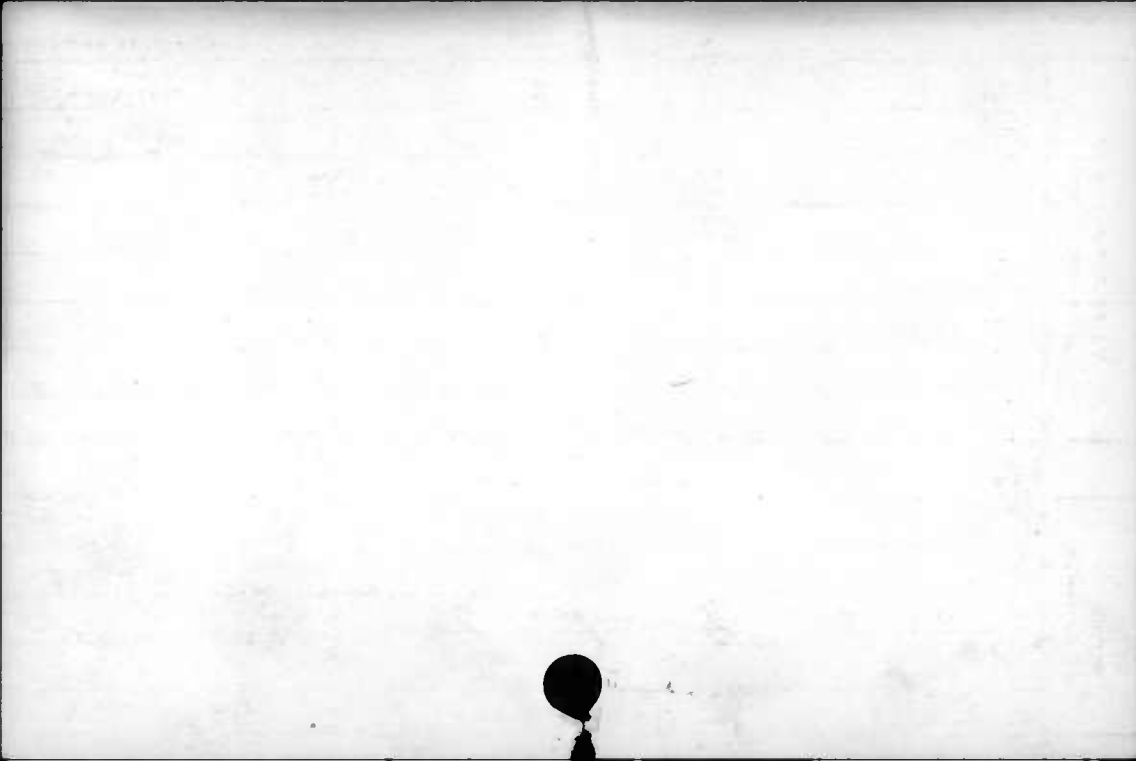
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Bark Hill</u>		County <u>Carroll</u>		MARYLAND	
Date of death		Month <u>July</u>	Day <u>12</u>	Years <u>5</u>	Months <u>10</u>	Days <u>15</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Bark Hill</u>			
Occupation <u>none</u>				Where Residing if not at place of death <u>Westminster</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____					
Father's Name <u>William Mathews</u>		Father's Birthplace <u>Balto. City</u>					
Mother's Maiden Name <u>Mary Hill</u>		Mother's Birthplace <u>Towneytown</u>					
Name of person giving Information <u>Jonas Thomas</u>		How related to deceased <u>no, except by marriage</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever, Cerebral toxemia</u>	How long	<u>4 weeks</u>
Immediate	<u>General asthenia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>J. H. Hegg.</u>	
Address		<u>Union Bridge</u>	
Accident or Suicide		<u>no.</u>	



Name
in
Full

Henry T. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Myers Disct</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death	Month <i>9</i>	Day <i>19</i>	Age <i>82</i>	Months <i>8</i>	Days <i>11</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death		Residence	
Married, <i>Single</i>	Name of Wife or Husband <i>Rebecca Miller</i>				
Father's Name <i>Jacob Miller</i>	Father's Birthplace <i>Carroll Co</i>		Mother's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Elizabeth Rontgen</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Elson Miller</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart disease</i>	How long	<i>Indefinite</i>
Immediate	<i>oedema of Lungs.</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Sziegler</i>	
		Address <i>Melrose</i>	
Accident or Suicide?		<i>MD</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martin L. Musselman* Town *Taneytown Dist* County *Barroll* MARYLAND

Died at *Taneytown Dist* *Barroll*

Date of death *1908* Month *July* Day *2* Age *4* Years *4* Months *7* Days *4*

Sex *Male* Color or Race *White* Birth-place *Hanover Pa*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *C W Musselman* ✓ Father's Birthplace *Hanover Pa*

Mother's Maiden Name *Saira G Shoemaker* Mother's Birthplace *Ind*

Name of person giving information *C W Musselman* How related to deceased *Father*

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

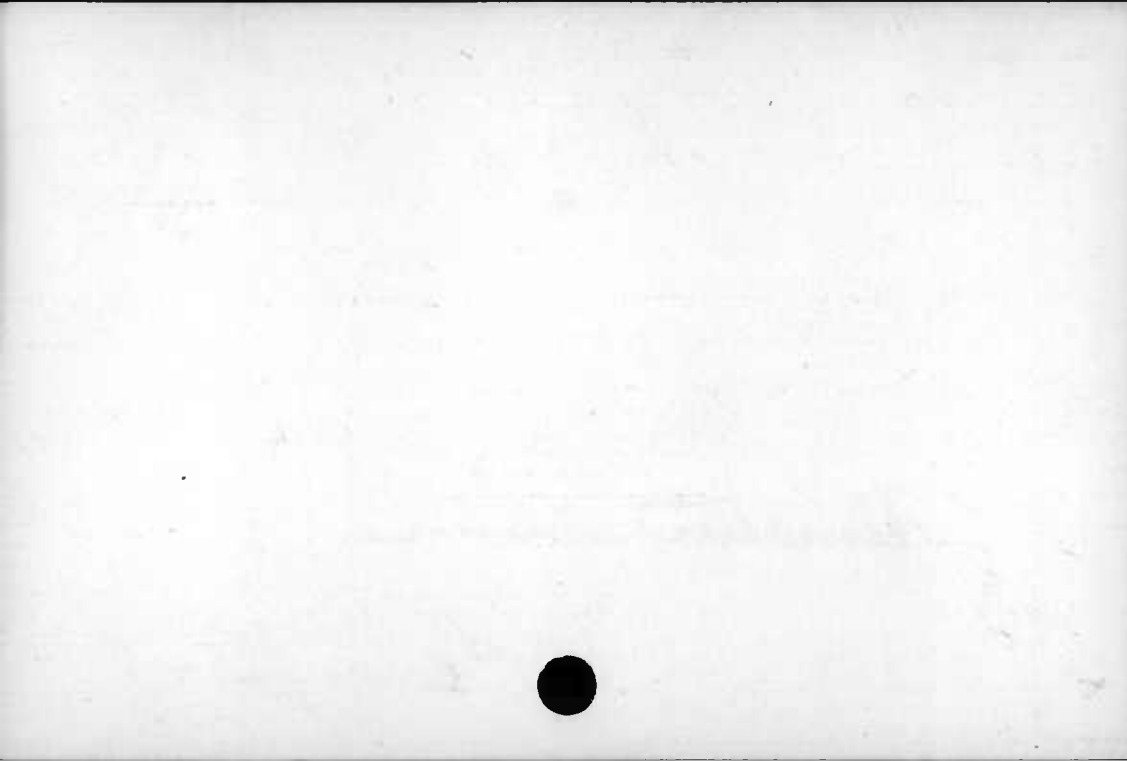
Primary *Hereditary* How long *4 years*

Immediate *Epileptic Convulsions* How long *sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Charles R. Rupp* Address *Taneytown Ind.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

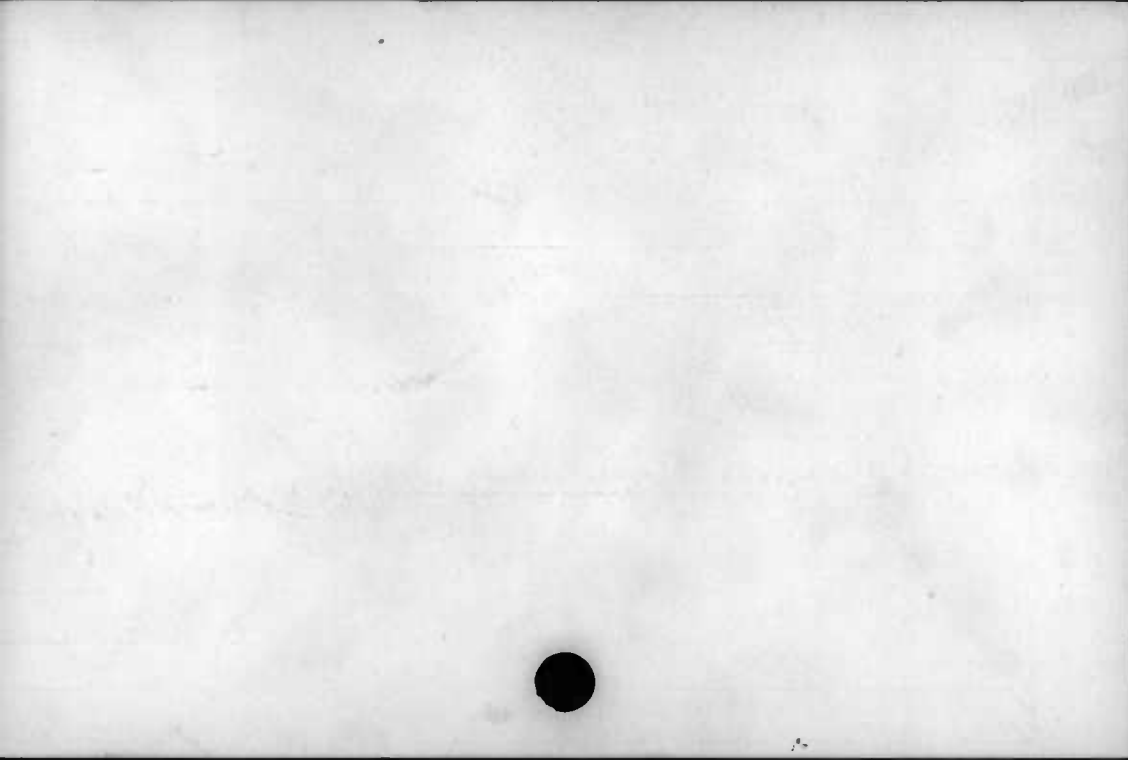
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Days		Age	
1908		July		19		Still Born	
Sex		Color or Race		Birth-place			
Female		White		Hampstead			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Wm Palmer				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Sallie Haines				Maryland			
Name of person giving information				How related to deceased			
Wm Palmer				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Premature Labor		(S)	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R F Richards	
		Address	
		Hampstead	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Susanna Price

Died at *Maple Grove* Town *Barroll* County **MARYLAND**

Date of death *1908* Month *7* Day *5* Age *91* Years Months *10* Days *23*

Sex *Female* Color or Race *White* Birth-place *Hampstead, Md*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Amos Price* Father's Birthplace *Hampstead, Md*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving information How related to deceased

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *General Debility* How long *1 month*

Immediate *Heart Failure* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Preston M.D.*

Address *Manchester, Ma*

Accident or Suicide?



Name
in
Full

Mary E. Renica

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

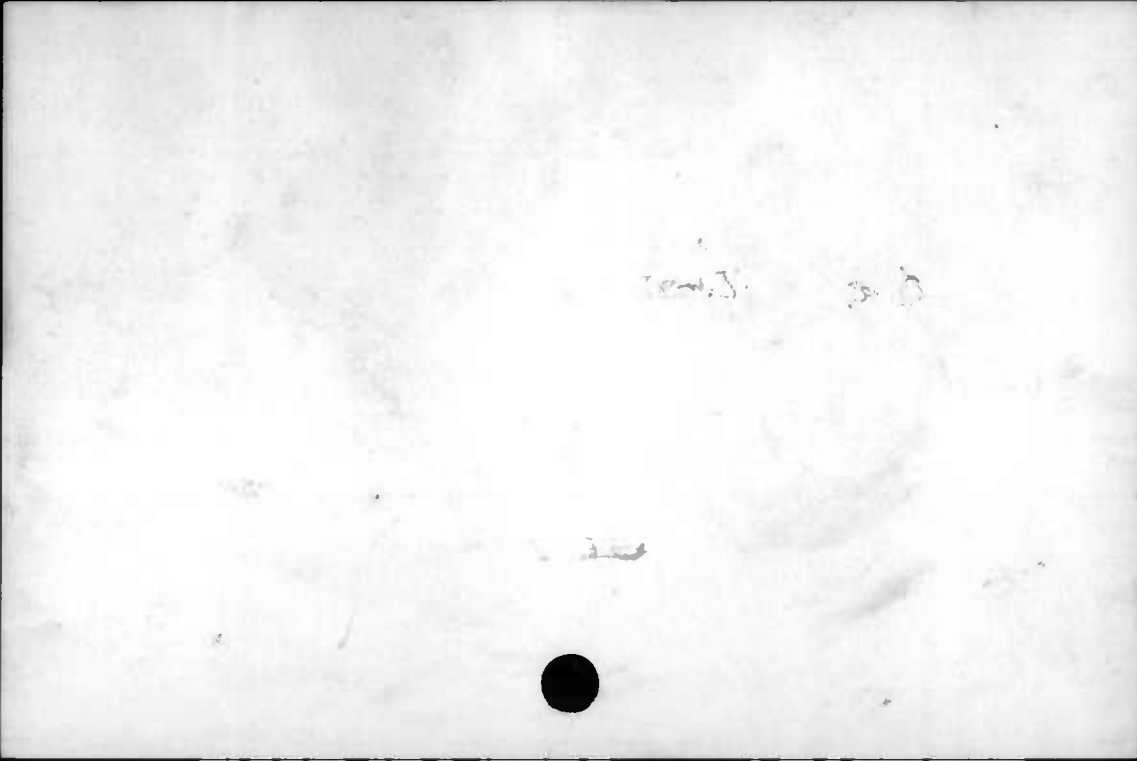
Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>24th</i>	Age <i>55</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Virginia</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Geo. J. Itale</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Malinda Updike</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Hospital records</i>		How related to deceased <i>None.</i>			

CAUSES OF DEATH

67

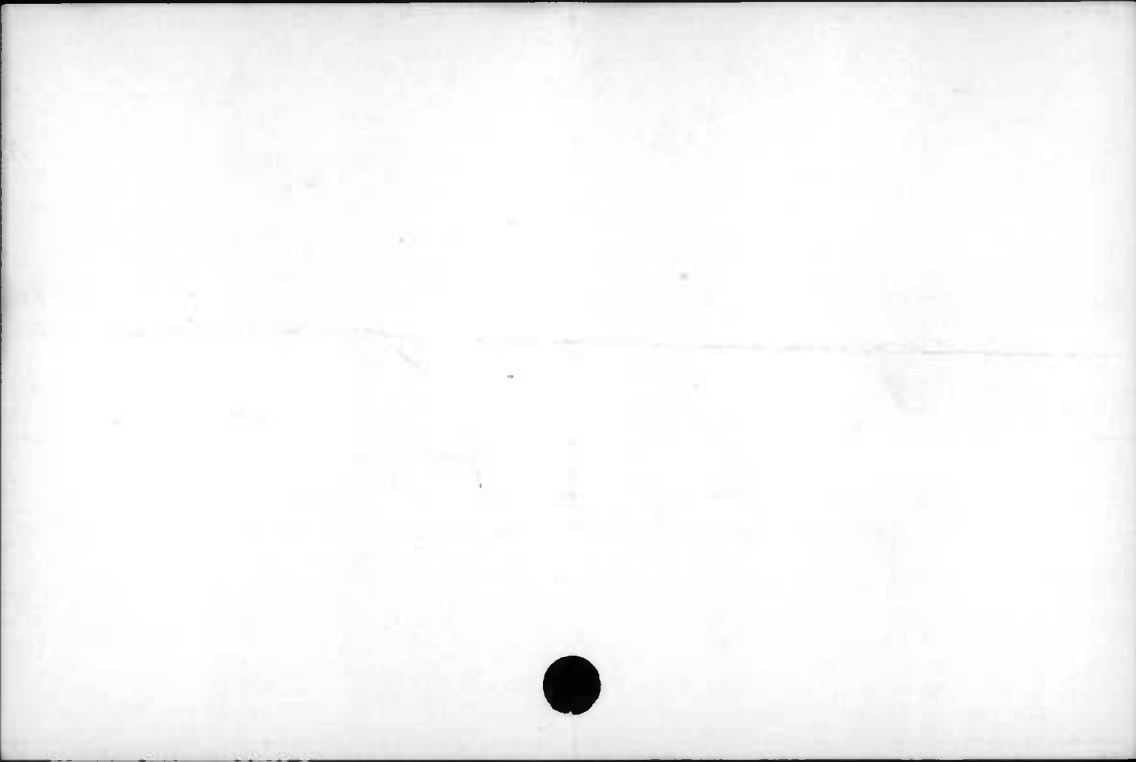
PHYSICIAN
OR CORONER

Primary <i>General Paralysis</i>	How long <i>?</i>
Immediate <i>Cerebral Congestion & Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>	Signature of Physician <i>W. Henry Fisher M.D.</i>
<i>to my knowledge.</i>	Address <i>Sykesville</i>
Accident or Suicide? <i>No.</i>	<i>Ind.</i>

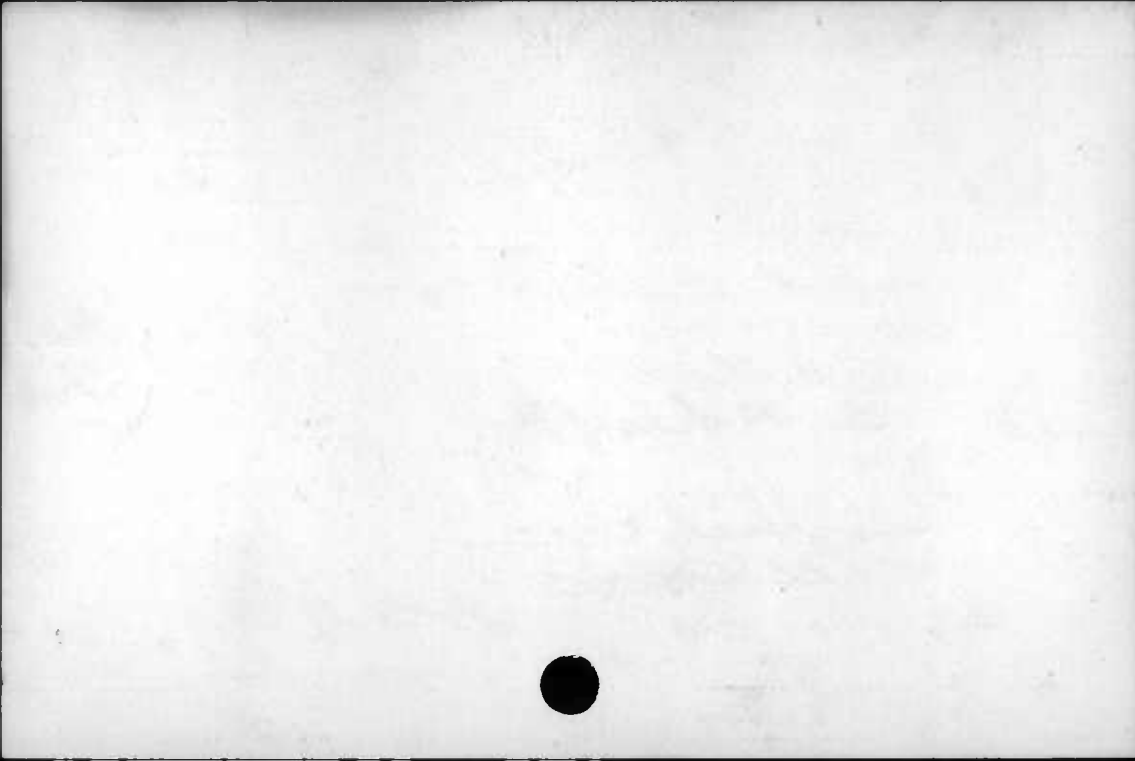


Name in Full		Augusta Rosenorn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Dykesville		County Carroll		MARYLAND	
	Date of death	1908	Month July	Day 30	Years 45	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife Husband Theodore Rosenorn			
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving information	Hospital Records				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Nephritis				How long	
	Immediate	Cardiac Syncope				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	
	Accident or Suicide?	—				Address	
						John Norfolk Morris M. D. Springfield State Hospital Dykesville, Carroll Co. Md.	

120



Name in Full		Ernest A Sauble				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Taneystown		County		MARYLAND		
	Date of death	1908	Month	July	Day	18	Age	
					Years	5	Months	
						24	Days	
	Sex	Male		Color or Race	White		Birthplace	Taneystown Md
Occupation	None			Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband					
Father's Name	George Sauble					Father's Birthplace	Md	
Mother's Maiden Name	Drene Peisanides					Mother's Birthplace	Md	
Name of person giving information	Geo Sauble					How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Whooping Cough & Pneumonia					How long	Six weeks
	Immediate	Exhaustion & Failure Resp.					How long	6 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	G. H. Davis	
						Address	Taneystown Md.	
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Capland</i>		County <i>Canroll</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>8</i>	Age <i>Still Born</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Canroll Co.</i>			
Occupation <i>None</i>		Where Residing if not at place of death		Place of death <i>Place of death</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>I infant</i>					
Father's Name <i>George A. Schaeffer</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>E. dethy M. Poe</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Geo. A. Schaeffer</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>No History</i>	How long	<i>—</i>
Immediate	<i>Still Born</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. W. Ward, M.D.</i>	
		Address <i>Harrisonville</i>	
Accident or Suicide? <i>—</i>		<i>Mo.</i>	



Name
in
Full

Lillie M. Slade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>31st</i>	Age <i>24</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ma.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>-</i>		
Married, Single <i>Single</i> or Widowed		Name of Wife or Husband <i>-</i>			
Father's Name <i>Abraim Slade</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Elizabeth Slade</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Abraim Slade</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemic Fever</i>	How long <i>30 days</i>
Immediate <i>Exhaustion from Malnutrition</i>	How long <i>about 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
<i>9</i>	Address <i>Springfield State Hospital, Pikesville, Carroll Co. Md.</i>
	Accident or Suicide? <i>-</i>



Name
in
Full366
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Westminster		Carroll		Maryland			
Date of death	1908	Month	July	Day	1	Age	93
						Years	3
						Months	14
Sex	Male	Color or Race		White		Birth-place	
						Maryland	
Occupation		Carpenter		Where Residing if not at place of death			
Married, Single or Widowed		Widower		Name of Wife or Husband			
				Unknown			
Father's Name		Joshua Stork		Father's Birthplace			
				Maryland			
Mother's Maiden Name		Hester Arnold		Mother's Birthplace			
				" "			
Name of person giving information		John E. Stork		How related to deceased			
				Son			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old age	How long	
Immediate	Heart	How long	30 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John S. Mathews	
		Address	
		Westminster Md.	
Accident or Suicide?			

Westminster Cemetery

Name
in
Full

Ellen Squirrel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

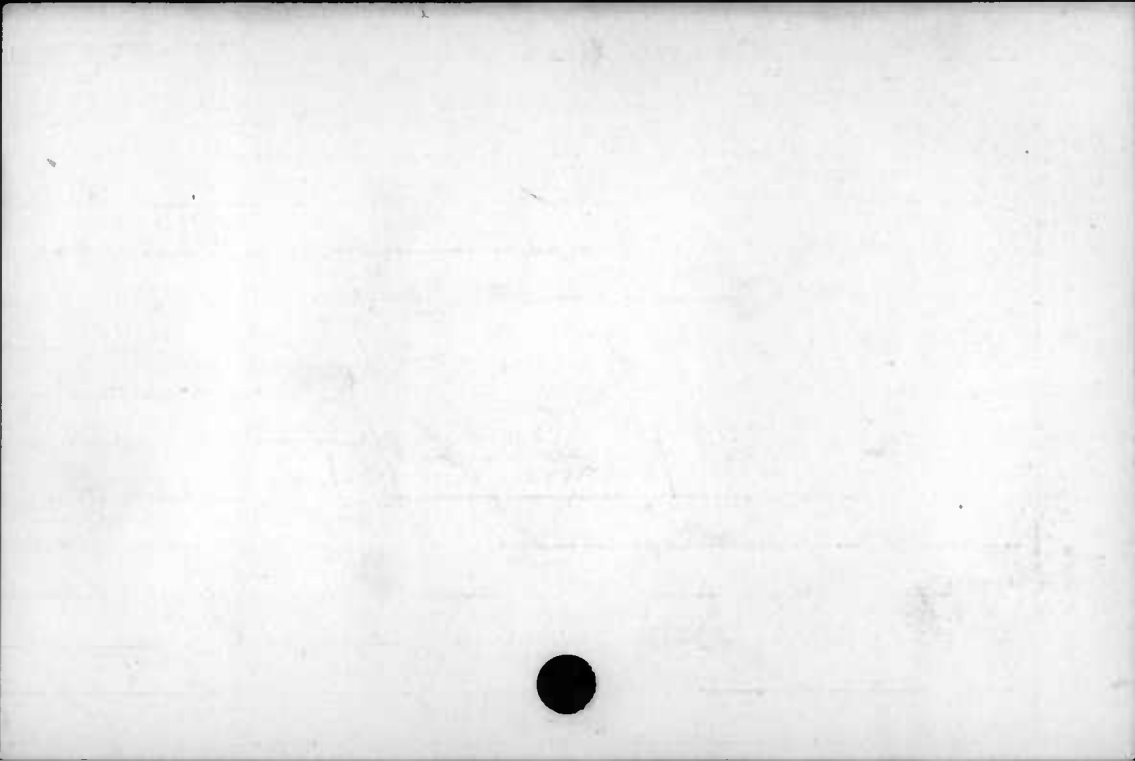
Died at		Westminster		Carroll		MARYLAND	
Date of death	1908	Month	July	Day	4	Age	55
Sex	Female	Color or Race	Black	Birth-place	Maryland		
Occupation	Housewife		Where Residing if not at place of death		Westminster		
Married, Single or Widowed	Married		Name of Wife or Husband		Lias Squirrel		
Father's Name	James Niccum				Father's Birthplace	Md	
Mother's Maiden Name	Anny Elder				Mother's Birthplace	Md	
Name of person giving information	Chas. Poverty M.D.				How related to deceased	—	

CAUSES OF DEATH

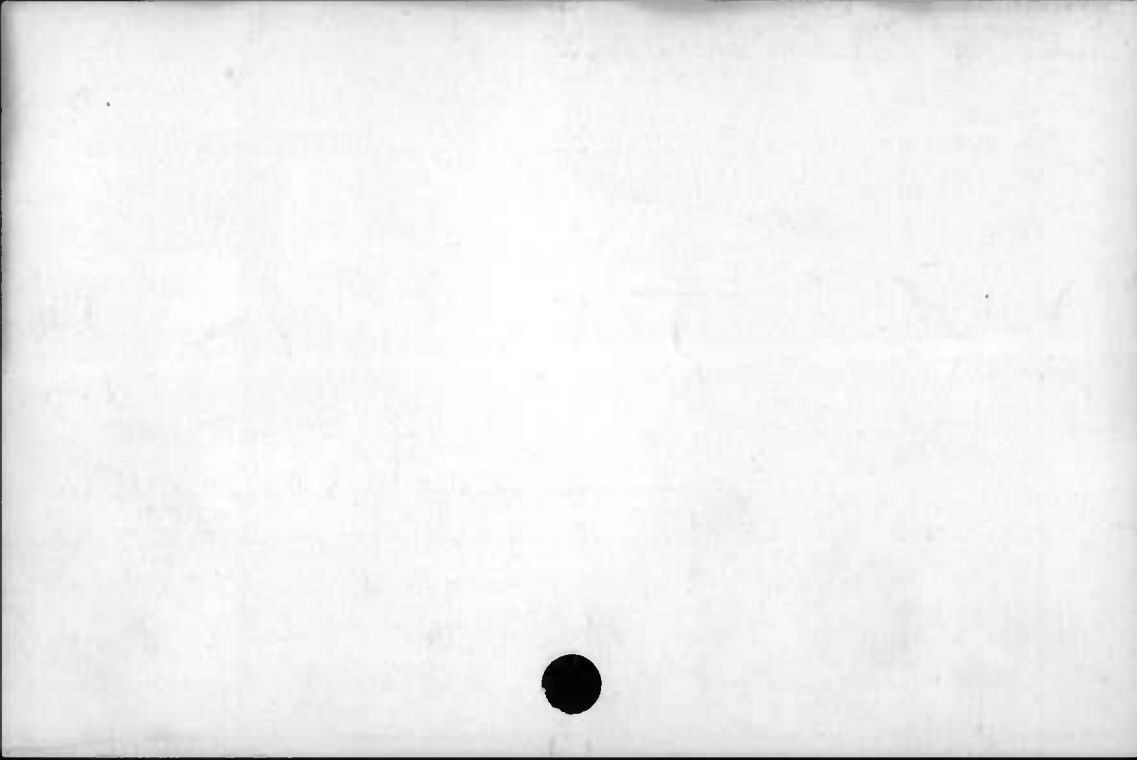
14

PHYSICIAN
OR CORONER

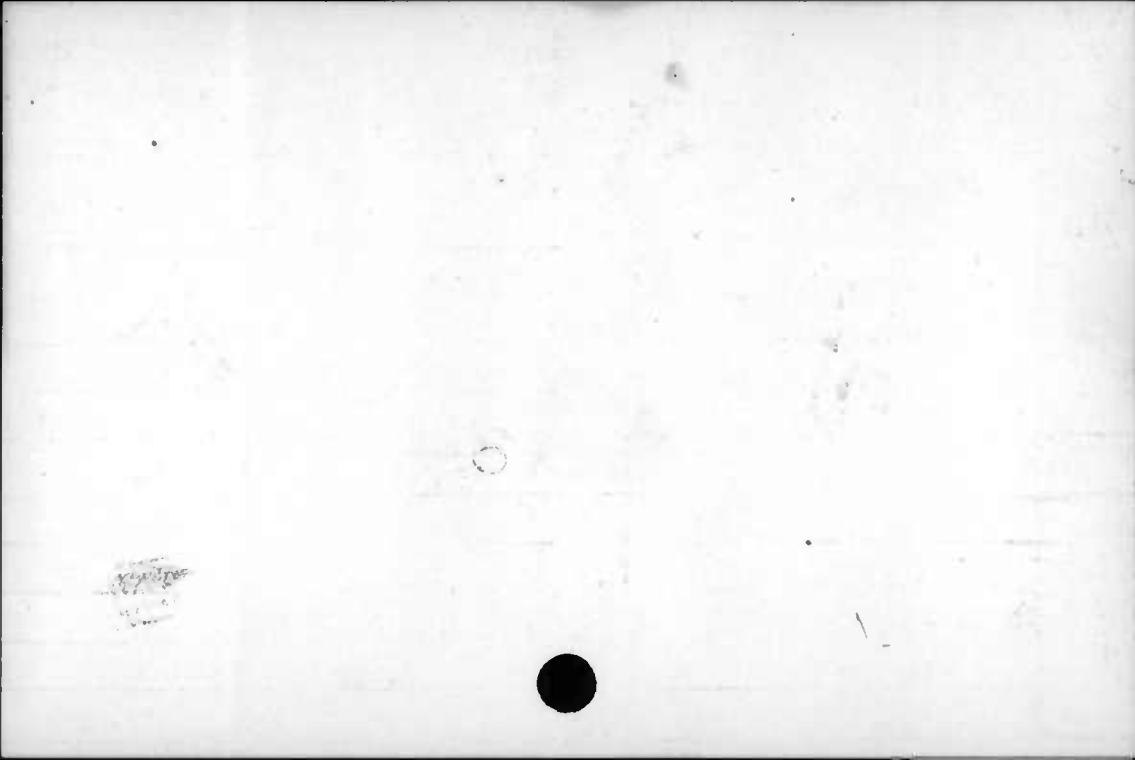
Primary	Dysentery	How long	2 Weeks
Immediate	Exhaustion	How long	8 hrs -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas R. Fowles
		Address	Westminster Md
Accident or Suicide?	—		



Name in Full		Albert B. Stair				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at <i>Springfield Hospital</i>		<i>Carroll</i>					
		Date of death	1908	Month	July	Day	18	Age	48
		Sex	male	Color or Race	White	Birth-place	Pa	Months	Days
		Occupation	<i>Printer</i>		Where Residing if not at place of death				
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>unknown</i>			
Father's Name		<i>Unknown</i>		Father's Birthplace		<i>Unknown</i>			
Mother's Maiden Name		<i>"</i>		Mother's Birthplace		<i>"</i>			
Name of person giving information		<i>Hospital records</i>		How related to deceased					
				CAUSES OF DEATH		(67)			
PHYSICIAN OR CORONER		Primary		<i>General Paralysis</i>		How long			
				<i>Exhaustion</i>		<i>Unknown</i>			
		Immediate				How long			
						<i>Progressive</i>			
		Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		<i>Chas. J. Carey</i>	
				Address		<i>Sykesville Md.</i>			
Accident or Suicide?		<i>no</i>							



Name in Full		Mrs. Catharine Sterner				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Buffalo Ind.	County Kanawha	MARYLAND			
		Date of death		Month July	Day 28	Years 90	Months 5	Days 15	
		Sex	Female		Color or Race	White		Birth-place	Kanawha Ind.
		Occupation	Retired		Where Residing if not at place of death		Myers dist Md #3		
		Married, Single or Widowed	married		Name of Wife or Husband		John Sterner		
		Father's Name	Daniel Bish		Father's Birthplace		Maryland		
		Mother's Maiden Name	not known		Mother's Birthplace		Maryland		
Name of person giving information		Levi Sterner				How related to deceased	Son		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Cerebral		How long	7 days		
		Immediate		cerebral hemorrhage		How long	1 day		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. D. Keady	
				Address		Barrook. Pa R. R. #2			
		Accident or Suicide?		9					



Name
in
Full

Susan R. Stouffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} New Windsor ^{County} Carroll

MARYLAND

Date of death 1908 July 15 Age 72 Months 5 Days 20

Sex Female Color or Race White Birth-place Maryland

Occupation Retired Home Wife Where Residing if not at place of death New Windsor

Married, Single or Widowed Widowed Name of Wife or Husband Ephraim Stouffer

Father's Name Joseph Engler Father's Birthplace Maryland

Mother's Maiden Name Susan Roop Mother's Birthplace Maryland

Name of person giving information Abraham Snader How related to deceased Sister-in-law

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cardiac Anxety, (Dilatation)

How long Unknown

Immediate Anemia & general Anasarca -

How long Six months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. A. Brown

Address New Windsor

Accident or Suicide?



Name
in
Full

Harry Emanuel Utermahler

373

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pleasant Valley Town Levell County
 Date of death 1908 Month July Day 24 Age Years Months 3 Days 6
 Sex Male Color or Race White Birth-place Baltimore Md
 Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry E. Utermahler

Father's
Birthplace

Levell Co Md

Mother's
Maiden Name

Romeia B Coleman

Mother's
Birthplace

Virginia

Name of person giving
Information

Romeia B Coleman

How related
to deceased

Mother

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary

Dermatitis

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

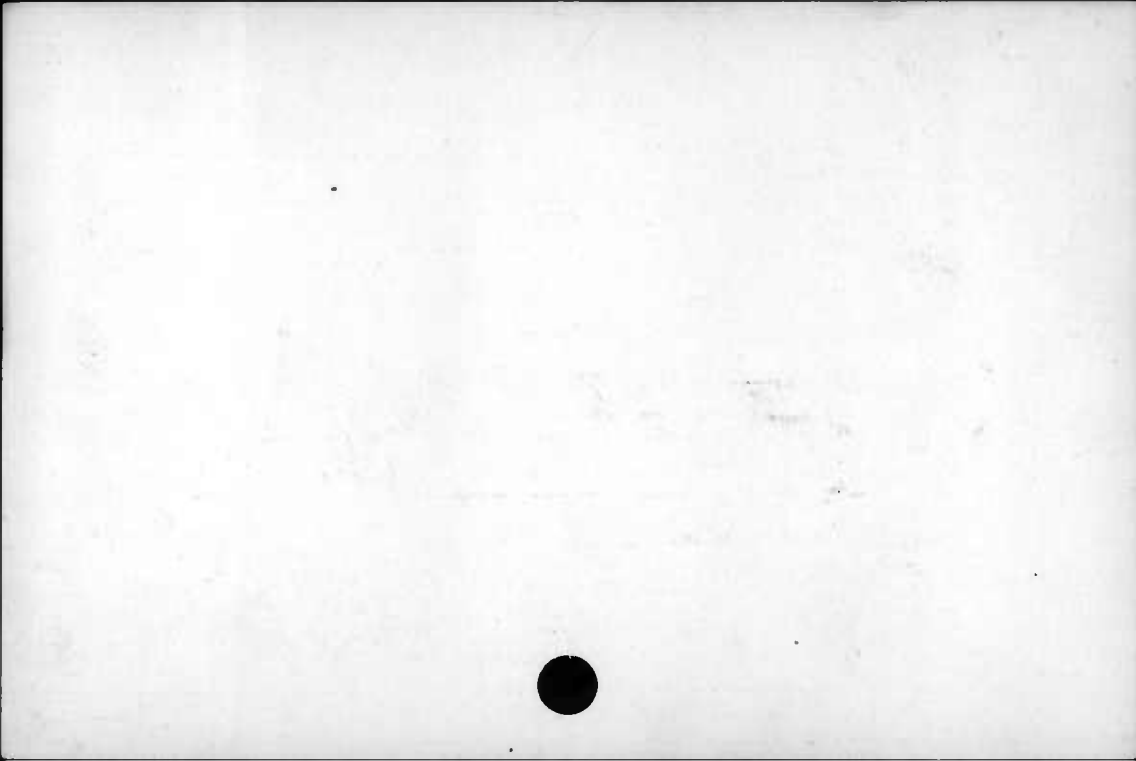
Yes

Signature of
Physician

Address

John J Stewart
Westminster Md

Accident or Suicide?



Name
in
Full874
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alfred Donsey Ward</i>		Town <i>Reese</i>		County <i>Carroll</i>		State <i>MARYLAND</i>			
Died at <i>Reese</i>		Date of death <i>1908</i>		Age <i>34</i>		Months <i>2</i>		Days <i>27</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Baltimore Md</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Annlin</i>							
Father's Name <i>Alfred L Ward</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Mary Jane Barnes</i>		Mother's Birthplace <i>do</i>							
Name of person giving information <i>Mary Jane Ward</i>		How related to deceased <i>Mother</i>							
		CAUSES OF DEATH		27					

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>		How long <i>18 months</i>	
Immediate <i>Heart Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos J. Coonan</i>	
		Address <i>Westminster</i>	
Accident or Suicide?			

Baltimore Md

14 Oct

Name in Full		Jennie Elizabeth Niet				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Watersville	County Carroll	MARYLAND			
		Date of death	1908	Month July	Day 22	Years 14	Months 1	Days 14	
		Sex	Female		Color or Race	White		Birth-place	Montgomery Co.
		Occupation	Housewife		Where Residing if not at place of death		At place of death		
		Married, Single or Widowed	Single		Name of Wife or Husband	David Niet			
		Father's Name	Willis Burro			Father's Birthplace	Washington Co.		
		Mother's Maiden Name	Mary C. Beecraft			Mother's Birthplace	Montgomery Co.		
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information		Mary Phelps		How related to deceased	Mother		
		CAUSES OF DEATH							
TO BE ANSWERED BY PHYSICIAN OR CORONER		Primary		Pneumonia		How long	8 days		
		Immediate		Typhoid Fever		How long	10 days		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. Albert Nice		
						Address	Lisbon Md.		
		Accident or Suicide?							



Name
in
Full

Samuel J. Wivell

CERTIFICATE OF DEATH

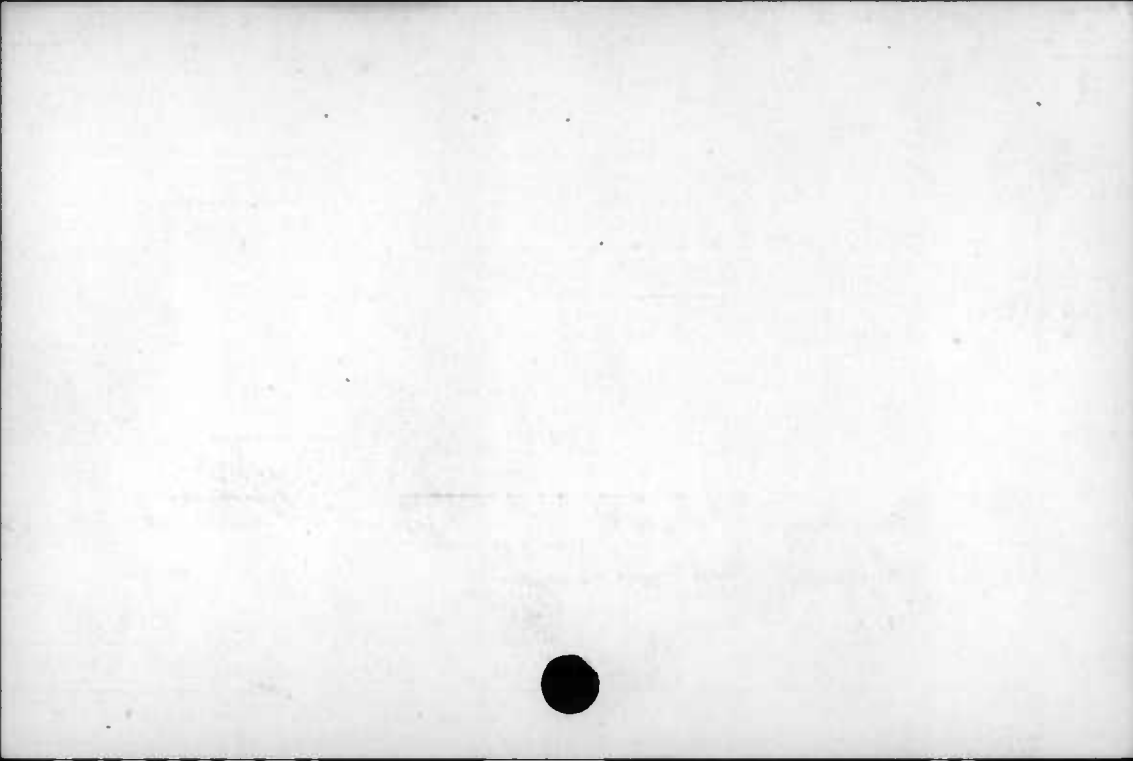
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Laneytown</i>		<i>Barroll</i>		MARYLAND	
Date of death	1908	Month	July	Day	16
Age	86	Years	4	Months	20
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single	<i>Married</i>	Name of Wife or Husband	<i>Annie Wivell</i>		
Father's Name	<i>Joseph Wivell</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Christenica Althoff</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Mary Wivell</i>		How related to deceased	<i>Slaughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease</i>	How long	<i>10 years</i>
Immediate	<i>Old age - & Convulsion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. H. Seis.</i>
		Address	<i>Laneytown Ind.</i>
Accident or Suicide?			



Name in Full		Martha J. Wolfe.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died ^{Town} near Dorsey Cross Roads		County		MARYLAND		
	Date of death 1908		Month 7	Day 25	Years 68	Months 6	Days 21
	Sex Female		Color or Race White		Birth-place Frederick Co.-Md.-		
	Occupation House servant		Where Residing if not at place of death near Dorsey Cross Roads.				
	Married, Single or Widowed Single		Name of Wife or Husband				
	Father's Name Joseph Wolfe (deceased)		Father's Birthplace Washington Co., Md.				
	Mother's Maiden Name Mary Boone (deceased)		Mother's Birthplace Frederick Co., Md.				
Name of person giving information Margaret E. Bellison		How related to deceased Sister					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">131</div>							
PHYSICIAN OR CORONER	Primary		ONarian cyst		How long several years.		
	Immediate		general anasarca		How long 3 weeks		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician E D Brown		
	Accident or Suicide?		No		Address Winfield Carroll Co.		

Face down

Name
in
Full

Still birth Ying er

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Union Bridge</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	1908	Month	July	Day	16
Age	still birth	Years		Months	July
Sex	Female	Color or Race	white	Birth place	Union Bridge
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Harry E. Quigler			Father's Birthplace	Frederick
Mother's Maiden Name	Rhoda E. Rice			Mother's Birthplace	Levinstown
Name of person giving Information	Harry E. Quigler			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	none	How long	—
Immediate	Suffocation	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Legg
		Address	Union Bridge
Accident or Suicide			



Name in Full		Etta May Gungling				365- CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Westminster		County		Carroll
	Date of death		1908	Month	July	Day	1
	Age		18	Years	1	Months	13
	Sex	Female		Color or Race	White		Birthplace
	Occupation		None		Where Residing if not at place of death		Home
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	William Gungling		Father's Birthplace		Carroll Co Md	
Mother's Maiden Name	Lorina Wentz		Mother's Birthplace		Carroll Co Md		
Name of person giving information	Harold Gungling		How related to deceased		Brother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">60</div>							
PHYSICIAN OR CORONER	Primary	Convulsions Cerebritis				How long	2 days
	Immediate	Exhaustion				How long	6 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. R. Foust
					Address		Westminster Md.
	Accident or Suicide?						

St Benjamin's Cemetery
Stoner

Name
in
Full

Mandella Yingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Melrose</i>		Town <i>Canroll</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>17</i>	Age <i>58</i>	Years	Months <i>3</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Canroll Co Md</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jeremah Yingling</i>					
Father's Name <i>Jacob Krentzer</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Catherine Stump</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>John Krentzer</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Uterine Fibroid Tumor (129)</i>	How long <i>2 years</i>
Immediate Cause of Death	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Sherman M.D.</i>
	Address <i>Manchester Md</i>
Accident or Suicide?	

